

**Arizona Department of Education  
Child Nutrition Program  
Application for Special Assistance**

Please review the Special Assistance Guidance Manual. After reviewing the Manual, if you would like to apply for the Special Assistance Program, please complete this application. Once completed, submit the application to your specialist at the Department of Education, Child Nutrition Programs for review. **Please note that this application is not approved until you receive an official letter of approval from this department.**

Sponsor Name:	CTD#
Contact/Title:	Phone #:

1. Please indicate the Special Assistance option you are interested in:      Provision 1, Provision 2 or Provision 3.

2. Indicate number of sites that you want to enroll in the Special Assistance Program: \_\_\_\_\_

Please list those sites. If more space is needed, you may duplicate the table and attach it to this page.

**If you are already on Special Assistance and are adding sites, complete this chart and sign the application.**

NAME OF SCHOOL	BASE YEAR	BREAKFAST (B), LUNCH (L), OR BOTH (BL)

3. You must have an acceptable certification/benefit issuance system and meal counting/claiming system, as evidenced in a successful administrative review within the last year. Since the last review, has there been any change in the Food Service Director or in the meal counting and claiming system?      Y\_\_\_\_N\_\_\_\_

4. A sponsor may not supplement its meal service operation with any federal funds other than USDA reimbursement, BIA funds and any other source earmarked for meal service. Is this requirement understood?      Y\_\_\_\_N\_\_\_\_

5. You must have a representative attend the Special Assistance training during the base year and in the first non-base year. Is this requirement understood?      Y\_\_\_\_N\_\_\_\_

6. Have you read and understood the requirements of Special Assistance (see handbook)?      Y\_\_\_\_N\_\_\_\_

I CERTIFY that the information in this application is true, and that I agree to carry out the terms of the agreement to operate the Special Assistance Program. I understand that this information is given in connection with the receipt of federal funds and that deliberate misinterpretation may be subject to prosecution under applicable federal statutes.

Print name (authorized signatory): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of Last Review \_\_\_\_\_ Passed Y\_\_\_\_N\_\_\_\_

Approved: Y\_\_\_\_N\_\_\_\_ Original Base Year \_\_\_\_\_ Provision \_\_\_\_\_

Approving Specialist \_\_\_\_\_ Date \_\_\_\_\_

Additional information/comments: (Specialist, please sign and date) \_\_\_\_\_

Base Year \_\_\_\_\_ Next Base Year \_\_\_\_\_